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CONTENTS.

CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Reflected Pain in the Knee-Joint from Disease of the Hip-Joint.—Mr. Le Gros Clark has, at present, under his care, in St. Thomas's Hospital, a boy, aged 9, whose case illustrates, in a marked degree, the well-known fact that often in cases of disease of the hip-joint the pain is referred solely to the knee. In this case the whole of the pain is in the knee, and this is the more remarkable, as it is now nearly eighteen months since the disease commenced. The knee might be bent or examined in any way, and yet no pain was complained of, but the least motion of the hip-joint produced severe pain in the knee. Pressure over the hip, except deep pressure over the femoral vessels, and this Mr. Clark believed was from movement of the joint, produced no pain. In fact, at no time had the child suffered pain in the hip. There was no sinus, and no swelling. The distance between the trochanter and the spinous process was not so marked. This, Mr. Clark believed to be due to shortening of the neck of the femur. Of course no surgeon would be deceived by the boy's constant iteration that the pain was "all in his knee," but being a marked instance of reflected pain, it is worthy of record. The generally received explanation of its being due to pain reflected along the course of the obturator nerve, by means of the twig this nerve gives to the joint, is equally well known. It is produced probably just in the same way as the circumorbital pain in iritis or neuralgia of branches of the fifth, other than the dental, from a decayed tooth, there being in the case of the iritis often no pain in the eye, and in the neuralgia no pain in the tooth except on pressure.—*Med. Times and Gaz.*, May 18, 1861.

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Cases of Diseased Joints.—Mr. Le Gros Clark drew the attention of the students at St. Thomas's Hospital to several cases of diseased joints, with reference to the mode of attack. He had found that the patient

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would date the origin of the disease to a distinct attack of "rheumatism," in which nearly all the joints were affected. Then the attack would pass off, leaving, however, one joint still diseased, and that this would grow steadily worse until it became *par excellence* a diseased joint. One of the cases seen was a woman, aged 30, who was admitted for synovitis affecting the right knee. She said that, three or four months ago, on a Friday, she was suddenly attacked by very severe pain in both knees, so that she could not walk, and was quite laid up. The joints were swollen. On Sunday the right arm was swollen and painful up to the elbow. In a few days all the joints were well, except the left knee. This continued to get worse. When admitted, she had the usual symptoms of synovitis; and recently, the swelling having greatly subsided, she has had fixed pain over the posterior of the inner condyle, leading Mr. Clark to fear some local and more serious disease. Before the first attack alluded to, her health had been good, and she had not been exposed to cold. Another case, also a woman, aged 24, had a history nearly the same. She had been sleeping in a damp room, and then had what she calls "rheumatism," nearly all the joints of her body, fingers included, being swollen and painful. All the joints, with the exception of the right knee, soon got well, but this grew worse. She suffered much pain in it, and was much reduced in health. When admitted, it was clear that the disease had gone on to disorganization. Mr. Le Gros Clark therefore excised the joint. It is now eight weeks since the operation. She has done remarkably well, and has improved very much in general health. The wound is now quite healed. The *ci devant* joint is sound, firm, and painless. It is encased in gutta-percha as security against accident. She walks up and down the ward with assistance.—*Med. Times and Gaz.*, May 18, 1861.

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Fistulous Opening in the Neck communicating with the Pharynx.—A woman, aged 30, was admitted into St. Bartholomew's Hospital, under the care of Mr. Stanley, January 8. Three months ago a very painful swelling appeared on the right side of the neck, which appears to have been diffused over the greater part of that side of the neck. About a week after admission there was fluctuation, and the swelling was opened. Another opening, about two inches above the clavicle (its outer third), was made on February 7, and matter evacuated. About a fortnight later she "began to vomit matter," and shortly after fluids passed through the wound when she drank. From April 30 very little if any passed, and she is fast improving in general health. The external opening is very small.—*Med. Times and Gaz.*, May 18, 1861.

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Excision of the Elbow-Joint—Clinical Remarks.—The patient, a woman, aged 25, had been under Mr. FERGUSSON'S observation for eight years. As for some time the disease seemed of a character likely to get well, no operation was done. During the last winter she began to suffer so much from it that she was admitted into the hospital. The pain, however, in spite of the rest and good food in the hospital, increased; her health suffered; the elbow was much swollen; and it was evident that the joint was hopelessly disorganized.

As the patient had waited eight years, and as she would probably—if cure without operation was contemplated—have to wait many more, Mr. Fergusson determined to excise the joint. Another danger, he said, to which she would be exposed if left with the diseased joint, was that some surgeon might amputate the limb.

On Saturday, April 29, Mr. Fergusson excised the joint. He made the H incision. He cut off the olecranon and then removed the ends of the bones entering into the formation of the joint. The lower end of the humerus and the ulna he removed by the saw; the head of the radius by the bone-nippers.

On removal and examination of the parts it was clear, Mr. Fergusson said, that nothing but resection could have been of any use. The cartilages of the joint were extensively destroyed, and the lower end of the humerus was much diseased. For any one to talk of restoring a joint in which the disease had progressed so far, betokened, in his opinion, more of the promises of a charlatan than of the confidence of a surgeon. The promise of the charlatan, as, for instance, in curing extensive cancer of the breast, might result in something like the semblance of truth; as the mass might slough off. Again, if it were possible that the diseased joint should ever get well, it would be after a great lapse of time, and

would probably result in a very awkward limb.—*Med. Times and Gaz.*, May 18, 1861.

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Lithotomy in Children—Clinical Remarks. By Mr. FERGUSSON.—On May 4th, Mr. F. performed, at King's College Hospital, the lateral operation of lithotomy on a child three years of age. The child had had symptoms of stone for eighteen months. Mr. Fergusson stated that he had not succeeded in introducing a staff as large as would usually pass readily in children at that age. He said that he preferred to introduce as large a staff as possible, as it did not matter about its being readily movable, as in the case of the sound. The introduction of a small staff required more care and skill, in order to know where the point of the instrument passed. The point of a small staff might pass out of the urethra, and this, too, although its general direction appeared to be correct. This, he said, was not a mere theoretical objection, as he had known such an accident to happen in the hands of a very distinguished operator. Mr. Fergusson added, that if in the case in which he had just operated, he had not touched the stone by the staff, he would not have proceeded. In reference to lithotomy in children, he said, that it was a rule with him to take more time and care than with adults, as he felt certain that there was much more risk of getting wrong with lithotomy in children than in adults. In children the tissues were less firm and the resistance consequently not so great. The incision also was required to be on a smaller scale. He always endeavoured to make as small an opening into the membranous portion of the urethra as possible, and only just notch the prostate or even leave it altogether untouched. The next step, the introduction of the finger into the urethra was, however, the one in which the greatest mischief might be produced by want of care—mischief often irreparable. The membranous portion of the urethra and the neighbouring tissues were, in children, soft and easily torn, and the urethra might give way above as well as below the staff, and thus (separated all round) be pushed before the finger towards the bladder. The finger would then move about in a pouch thus formed, and the completion of the operation would be almost impossible. He had known, however, a surgeon retrieve himself after this error. On one occasion, in cutting a child for stone, he felt convinced that this accident had occurred. He at length succeeded, but after a long time, in getting his finger into the urethra. He then speedily extracted the stone. It was in this case that he first became aware of the danger to which he referred. He had not previously heard of it, and, as far as he knew, it was not mentioned in books. Mr. Fergusson then alluded to the other methods of performing lithotomy. He had cut forty children for stone by the lateral operation, and had lost only one. He felt convinced of the superiority of this operation.—*Med. Times and Gaz.*, May 18, 1861.

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Ligature of the Internal Iliac Artery.—The operation of ligature of the internal iliac artery was performed last week, at the Edinburgh Royal Infirmary, by Mr. Syme, in a case of aneurism of the gluteal artery. The patient is a young man, otherwise healthy. The aneurism had arisen spontaneously, was of at least some months' standing, was of moderate size, pulsated freely, and appeared to spring from the gluteal artery at its escape from the pelvis.

Mr. Syme performed the operation on the 29th ult., the large theatre of the hospital being crowded with students and practitioners attracted by the rarity of the operation. It was performed by the ordinary incisions, and successfully accomplished with the operator's usual dexterity and caution. Mr. Syme stated that the operation was attended with considerable difficulty, owing to the depth of the artery in the wound rendering it impossible to bring the vessel fairly into view, and that it would have been scarcely possible to expose the artery had it lain within a dense sheath; but that it and its neighbours could be readily felt with the finger, and the looseness of the sheath offered no obstruction to the passage of the needle. The pulsation in the aneurism was immediately arrested, and the tumour reduced to a third of its former size. The case has since gone on remarkably well.—*Lancet*, June 8, 1861.

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Acute Glaucoma of both Eyes successfully treated by Iridectomy.—Mrs. P., aged 46, was admitted into the Royal London Ophthalmic Hospital, under the care of Mr. DIXON, Dec. 27th, 1860. She was a thin, moderately florid woman, not subject to

gout or rheumatism. Twelve days before admission, she had severe pain in the right eye, which came on suddenly at night. Next morning, she found that she could scarcely see with it; and the pain, still severe, had continued up to the time when Mr. Dixon saw her. Blisters and various applications had been used, but without any benefit. When admitted, she could, with the affected eye, only just distinguish light from darkness, and could not count fingers held up between the eye and the light. The sclerotic was dusky, leaden-coloured, and crossed by enlarged veins. The pupil was dilated moderately, and fixed. The fundus, as seen through the pupil, looked dull and yellow. The cornea had lost its brilliancy. Atropine did not produce any effect on the size of the pupil; whilst in the other eye the pupil readily dilated under its use. The ophthalmoscope was used; but a mere red reflex from the fundus was seen. The woman would not submit to the operation of iridectomy, which was at once proposed, until the 31st, the fourteenth day from the attack, when iridectomy was performed. The piece of iris removed was from the upper part. No chloroform was given. The pain was at once relieved.

Four days after the operation, she had had no return of pain, and could read No. 10 of Jäger test-types. There was a minute fistula in the cornea, to which Mr. Dixon applied nitrate of silver. She gradually improved, and was soon able to read small type.

On January 25th, the left eye became suddenly very painful. The pain was in the globe; it was very intense, and was accompanied by vomiting. She was not seen by Mr. Dixon until the 28th. He then found that the eye was in exactly the same state as the right had been. She could only just count fingers. The pupil was dilated and fixed; and the fundus could not be illuminated by the ophthalmoscope. Iridectomy was at once performed, and with the same amount of success as attended the operation on the other eye. She can now see well with both eyes, and can read pearl type without the aid of glasses.

Mr. Dixon remarked that, in this case, the disease had been of the exact form to the relief of which iridectomy is best suited; viz., *acute* glaucoma. In the chronic cases, as far as he had seen, little or no benefit followed the operation, but rather an increase of the irritation. It is interesting to note that the attack in the left eye occurred whilst the right was going on satisfactorily. The ophthalmoscope had not been used to examine the sound eye, and therefore no blame was traceable to it, as having re-excited the disease in it. The occurrence of glaucoma in the second eye a few weeks after it has attacked the first is quite in accordance with what is frequently observed; and hence, as both eyes generally suffer, the value of iridectomy is much increased. —*British Med. Journ.*, March 16, 1861.

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Cystic Tumours of the Breast.—The frequent recurrence of these tumours, after ablation, is a fact well known in surgery. As a fresh example, we may note a case lately mentioned at the Surgical Society of Paris, by M. Richard. The patient is seventy-seven years old, and was operated on ten years ago, by M. Velpeau, for a cystic tumour of the breast. Since that period, M. Richard has performed the same operation upon her eleven times, removing three, four, and even ten tumours at one sitting. The recurrences being, however, so regular, he has given up interfering.—*Lancet*, June 8.

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CLINICAL LECTURES.

Clinical Lecture on Diseases of the Joints. Delivered at St. Thomas's Hospital. By SAMUEL SOLLY, Esq., Surgeon to the Hospital.

GENTLEMEN: In my last clinical lecture I detailed to you a case of acute disease of the knee-joint, in which I was obliged to mutilate the man to save his life.

Such cases used to be more common than they are at present. The advance of surgical science has nipped them in the bud, and we usually now receive them into our hospitals in a more chronic form. I should, perhaps, have hardly thought the case worthy of clinical remark had I not heard that a provincial celebrity had positively denied the necessity for any operative interference. I thought, then, that if a man of practical experience forbids the operation, it must be just such an illustrative case as would be of use to you. Let me, then, remind you, that it was the severity of the constitutional irritation, and the agony the patient suffered from the slightest motion of the joint,

which in me decided the momentous question of amputation or no amputation.

To-day I shall speak of nine cases of diseased knee-joint in which I believe I have succeeded in saving both limb and life without any operation, and one case where the same ultimate result has been obtained by the excision of the joint.

Some of these cases were sent to me from the country as good cases for incision, which of course implies, or ought to imply, that there was no prospect of curing them without an operation; one came from a metropolitan dispensary, as a forlorn hope. The poor boy was almost *in extremis*.

There is one point which must, of course, strike you in listening to these details—viz., the length of time that some of them have been in the hospital. The power of retaining our patients in the hospital until a cure is effected is a privilege which can only be enjoyed in the old, well-endowed hospitals. And, for the sake of humanity, what a blessed privilege it is!

It is true that chloroform has robbed operations of all their pain during the performance, but it cannot remove the after pain, and it cannot remove the danger which is and must be attached to them, even when the most skilful hands manipulate.

I cannot deny that the length of time which is required to accomplish a perfect, usable anchylosis of the knee-joint in the adult (from one to two years) is an objection to the plan which I am now advocating. It is true that in a favourable case for excision the cure is frequently complete in one-third of that time. It is also true that the cases which do best, and get well most rapidly, are those where there is very little disease, and where the operation ought never to have been performed. When I speak of from one to two years being required to perfect an anchylosis, I refer to patients above the age of eighteen or twenty.

In different forms of disease there is also a great difference in the length of time. In scrofulous caries of bones entering into the composition of a joint, the cure is always very slow and very difficult. This observation applies almost equally to cases of excision. There is another point in favour of excision. If the operation succeeds—that is, if your patient neither dies from the effect of the operation, which I must allow is very rarely the case, or the limb is not obliged to be removed ultimately, an event not so uncommon as we could wish, then the anchylosis is more certain than that which is obtained by medical as distinguished from operative surgery. I must confess that I have been disappointed in some of my cases of natural as distinguished from artificial anchylosis, by their return to the hospital after I had hoped a complete cure had been effected. This observation applies to the boy whose joint I ultimately excised, and also to Oliver R——. In the latter instance about a month's rest and a little counter-irritation have apparently completed our triumph over the disease.

I wish to put the subject fairly before you, and not to make you attach too much value to the medico-surgical treatment as opposed to the operative; nor must I forget that the longer we practise our profession the less we are inclined to operate, unless the indications for the necessity are very apparent, till at last there is too much disposition to avoid all operations. Though I know that I have not arrived at that stage of my surgical existence, still I must take care the tendency does not tincture my instructions.

I must not detain you any longer from the consideration of the cases, the notes of which I will, however, curtail as much as possible.

Case 1. John D——, aged twenty-four, labourer, was admitted into Abraham's ward June 11th, 1860, with disease of the right knee. He states that this knee has always been larger than the left, and when about twelve years old he injured it by a fall; but it got quite well in a few days. He attributes the origin of the present disease to a cart-wheel running over his knee seven years ago, since which it has never been well, though he has been able to walk at intervals. He has now been laid up for more than five months, and has been under the care of an old dresser of mine at the Stamford Infirmary, who had applied blisters and issues; but as it did not appear to get much better, he sent the man up to St. Thomas's as a fit case for excision.

The joint was considerably enlarged, with some tenderness on pressure on the surface, and great pain when it was moved, or when the articular surfaces were pressed together. The pain at night was so great

as to prevent him from sleeping. He was rather pale and weakly-looking, but had little febrile disturbance, and his appetite was good.

This was certainly a very favourable case for excision; for although the joint was completely disorganized, the disease was not scrofulous. And these are the cases which usually progress so favourably after an operation; but you have heard my reasons for avoiding an operation unless necessary to save life.

On admission, the limb was placed on a Liston splint, and a poultice applied to the knee.

June 13. Moxa to the inner side of the joint, that being the most painful part. Iodine mixture twice a day.

16*th*. Ordered cod-liver oil, one drachm; tincture of sesquichloride of iron, twenty minims: three times a day. Twenty-five minims of tincture of opium every night. Moxa to the outer side of the joint.

22*d*. Much less pain in the joint, and he sleeps much better. The knee appears to be slightly diminished in size.

30*th*. The joint appears to be rather more swollen, but he does not complain of increased pain.

July 5. No alteration in the size of the knee, but rather less pain. Moxa applied just below the patella.

12*th*. The joint is rather smaller and more of its natural shape. There is now very little pain, but still some tenderness on pressure on the inner side. To leave off the opium, as he now sleeps well at night.

Aug. 2. The joint is assuming a more natural shape, and there is no pain except on pressure. He sleeps well without opium, and his general health and appearance have much improved. Moxa ordered on the inner side.

29*th*. Still some tenderness on the inner and lower part of the knee; otherwise much better. He sleeps well, and his appetite is good.

Sept. 3. Moxa ordered.

December. Since the last notes, his general health has been very good; the joint is free from pain, and has gradually been returning towards a normal shape, and anchylosis is slowly proceeding. The limb has been kept in a state of perfect rest throughout.

Anchylosis seems to be almost, if not quite, perfect; but great care will be necessary for some time. In a few days I shall remove the splints, and allow him to move the limb a little in bed. If this amount of exercise do not induce any pain or fresh inflammation in the joint, I shall next apply a gutta-percha splint, and allow him to get up and walk a little with crutches; but I do not expect that he will be able to leave the hospital with safety for the next six weeks.

Case 2. Henry H——, aged eleven years, was admitted on the 29th of June, 1860. He has been ill ten weeks with swelling and severe pain of the left knee, which came on after kneeling on the damp ground, bird-catching with his father. He was quite well previously. He is now in a state of complete exhaustion, with an emaciated countenance, expressive of great suffering, and cannot bear the slightest movement of the leg without screaming from pain. An abscess has been opened in the neighbourhood of the knee-joint, and is discharging pus freely, and there is a large slough over the sacrum. Ordered, cod-liver oil, one drachm; tincture of sesquichloride of iron, ten minims; to be taken twice a day.

When I first saw this poor boy, I believed that immediate amputation would produce a fatal result. I had, therefore, but one course to pursue—namely, to strengthen his vital powers, either to enable him to bear the operation if I could not improve the condition of the joint, or, what I hardly dared hope for, to do without the knife altogether.

The leg was placed on a Liston splint, and a linseed-meal poultice applied. A water-cushion was ordered for the back. To have a mixed diet; wine, four ounces; porter, one pint.

July 4 (five days after admission). Appetite and general health greatly improved; less pain in the knee.

11*th*. The knee is better, but an abscess of considerable size has formed on the outside of the thigh. This was opened a little below the trochanter major. A splint, with a spinal support, was ordered.

21*st*. Health has greatly improved, and his appearance is much altered for the better since admission. The slough on the sacrum has nearly healed; also the abscess on the hip, and the knee is less swollen, and much less painful.

August. He can lift the leg from the splint without pain, and firm anchylosis is taking place; his health is comparatively good.

September. The knee appears quite solid. No fresh symptoms.

October. The splint was left off.

November. The knee remaining free from pain, he was allowed to get up a little; but in a few days it became swollen just below the patella, unaccompanied by pain. He was ordered to keep his bed. The potassa fusa was applied over the inflamed part, and the limb replaced on a Liston splint.

December 31. Under the above treatment the swelling has subsided. The leg is still kept on the splint. The boy's health is good.

Now, as regards the cause and progress of this disease, you must have been struck with its great similarity to that of the poor fellow whose leg I was obliged to amputate. Why the difference in the results? The different ages of the two patients is quite sufficient answer without any reference to the treatment.

The next case is a very simple one, but is likewise instructive:—

Case 3. Henry N——, aged eight years, was admitted Feb. 14th, 1860, with disorganization of the knee-joint, the disease having existed a year and a half. There was not only a painful and swollen condition of the joint, but considerable contraction. The active disease was gradually subdued by rest, with moxas and appropriate tonics, including cod-liver oil. The limb was then gradually straightened by means of a Liston splint, with an Archimedean screw at the knee, and a leather pad over the joint, with straps above and below. The limb is now quite straight, and anchylosis is going on favourably; but there is still slight tenderness on the outer side of the patella, which it is expected will soon be removed, when he will be able to leave off the splint.

This case is deficient in previous history; but the appearance of the joint told its own tale. There had been active disease at work; but the conservative action of nature was prevailing. Anchylosis was nearly complete; but the anchylosis had not been properly directed by the science of surgery. Instead of the limb being nearly straight, it was bent at such an angle as to be useless as an organ of support and progression.

In such cases I always endeavour to get a straight limb by gradual extension, in preference to forcible extension under the influence of chloroform; and, in this instance, I have succeeded.

Case 4. Ellen B——, a strumous, delicate child, six years of age, was admitted into St. Thomas's Hospital, July 10th, 1860, with old-standing disease of the knee-joint. Her right leg was flexed at an acute angle, the foot being turned outwards, and the joint was marked with scars of old abscesses. Cod-liver oil was given twice a day, with full diet, and the limb was put upon a Liston splint. The splint was continued till the 2d instant, when irons and straps were substituted. During the time she has been in the hospital, one or two abscesses have appeared in the joint, but have healed again. The limb is now quite straight, and though the joint is enlarged, there is no sign of the presence of disease in it. She is able to walk about the ward.

In this case the disease had completely subsided, which was not the case in the last; but the deformity was so great that I determined to extend it forcibly.

Case 5. Ann P——, aged six years, was admitted May 14th, 1860, after two years previous disease of the knee-joint. She was sent to me by an old dresser as a fit case for excision of the joint. The patient was a strumous child, but now in good health. There was much swelling and pain in the joint, and the leg was flexed at an acute angle. There was no opening into the joint.

May 16. Ordered, cod-liver oil, one drachm; tincture of muriate of iron, ten minims: twice a day.

On *May* 24, I made forcible extension under chloroform. After the operation there was much increase of the pain, and the child suffered from feverish symptoms. Opium with liquor of acetate of ammonia was given for a day or two after the operation.

31*st*. The swelling of the joint has much subsided, and the feverish symptoms have nearly disappeared. The splint was continued till the end of November, when anchylosis was nearly complete.

Case 6. Caroline W——, a strumous girl, aged seventeen, was admitted into the hospital March 20th, 1860. At the early part of the year she had been attacked with

synovitis and ulceration of the cartilages of the left knee-joint. Some time before, she had been in the hospital, suffering from disease of the same joint. The right limb is shortened and contracted, and has been diseased for fourteen years. Cod-liver oil and tincture of muriate of iron were ordered, and the limb placed upon a Liston splint. As there were considerable swelling and tenderness in the joint, six leeches were applied, and a linseed-meal poultice. Gradual improvement took place. During the spring and summer, potassa fusa was occasionally applied, and the poultice continued. In the autumn, irons and a boot were used, and the limb was kept extended, and by October anchylosis was tolerably complete.

Dec. 13. She was discharged from the hospital, able to walk about the ward, the joint being perfectly stiff and devoid of pain.

Case 7. James W——, labourer, aged thirty-five, admitted Aug. 23d, 1859. Whilst at work about four months ago, loading a cart with thorn bushes, he was struck on the knee by a bough, a thorn upon which penetrated the joint immediately above the patella. The thorn was extracted, and considerable inflammation followed; this ran on to suppuration, and two incisions were made to let out the pus, but whether the pus lay internal or external to the joint cannot be clearly ascertained. When admitted, the joint was red and hot; the cellular tissue covering it was very hard and brawny, and swollen to such an extent as to obliterate all the depressions and protuberances, and give it somewhat of an oval shape. There was a continual, acute, gnawing pain, very much increased by motion. The extent of this latter is very limited. There is frequently convulsive starting of the joint at night. It was put on a Liston splint, slightly bent, and a poultice applied. Iodine mixture, twice a day, was given.

Sept. 29. A small piece of dead bone was extracted to-day. The pain is not so severe, and only occurs at intervals; there is also a greater extent of motion. I ordered a moxa to be applied.

Nov. 15. Good deal of induration about the joint; not so much pain; health very good.

16*th*. Opening over joint discharging still; joint rather painful.

May 21. Original wound still discharging. A little anchylosis has taken place; joint hard all round, and not painful unless moved.

August. Wound healed; going on well. Moxas occasionally used. He is the very picture of health.

November. Some small amount of inflammation still remains; anchylosis nearly complete.

December. Liston splint removed, and gutta percha substituted. The man attempted to get up, but found that his leg was made worse by being out of bed, and therefore he has remained there since. The inflammation has not yet entirely gone. General health continues perfectly good.

I have little doubt that another month's rest will complete the cure, and that in about six weeks' time he will be able to return into the country.

Case 8. Oliver R——, aged twenty-six, was admitted Sept. 28th, 1860. He has had disease of the knee-joint for fifteen months, and has previously been in the hospital under my care. He left with the joint anchylosed; but, on moving the limb, slight pain and tenderness about the joint returned, for which he was readmitted on the above date. A Liston splint was applied, with poultice and moxas, and in about a month the symptoms had entirely subsided. Early in December a gutta-percha splint was moulded to the back of the joint, and he was allowed to walk about with this support, which he was able to do without any pain or inconvenience; and before Christmas he was discharged with a firmly anchylosed and very useful limb.

I will conclude this lecture with some brief notes of a case of excision of the knee-joint, which has been slowly advancing to a perfect cure.

Case 9. John C—— was admitted into the hospital on the 5th of May, 1860. During the previous winter he had been in the hospital with great tenderness, pain, and swelling in the knee-joint, which gradually subsided under the application of moxas, conjoined with perfect rest, nourishing diet, and cod-liver oil. On his admission it was found that the disease had returned in an increased degree, with loss of appetite, cough, pain in the chest, emaciation, and night-sweats. With nour-

ishing diet and tonics his general health improved, and the joint was excised on the 19th of May. The cartilages were found extensively diseased, with slight secondary disease of the bone. The extremities of the condyles of the femur, and the head of the tibia were removed, but not the patella. The limb was straightened on a splint, and sutures applied.

It was delightful to see this poor boy's countenance on the morning after the operation. He said he was quite free from pain, which the poor child had not been for months. Since this the boy's general health has gradually and steadily improved, but the anchylosis has been very slow; now, however, it is firm, and the wound nearly healed.

In my next clinical lecture I shall have some interesting cases of disease of the ankle and foot to talk about.—*Lancet*, Jan. 19, 1861.

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Lecture on Sympathetic Inflammation of the Eyeball and its Treatment by Operation. —By HAYNES WALTON, Esq., Surgeon to the Central London Ophthalmic Hospital, &c.

Gentlemen: A very grave result of wounds and injuries to the eye, is sympathetic implication, which has of late received much attention.

The subject was first practically recognized by Mr. Barton of Manchester, whose practice was brought before the profession by Mr. Crompton, in the *London Medical Gazette*, vol. xxi. p. 175. The sympathy must be produced by injury from extraneous bodies in the eye. In seven cases, a portion of copper had settled in the anterior chamber. Inflammation and disorganization of the eyeballs were soon followed by failure of the functions of the other eyes, together with structural changes. Mr. Barton excised the cornea, and applied a poultice, in the hope that the copper cap would escape; this did happen, and besides produced great relief; but it had a greater and more valuable effect, it saved the destruction of the other eyes, although some of them seemed past all hope.

The evidence of this sympathetic action should be well understood, or disease may be attributed to sympathy, which is nothing but the same local manifestation of constitutional taint, that appeared in the other eye, and secondary only in order of time. I have known many mistakes to be made in this way to the great disadvantage of the patients. In traumatic cases the diagnosis is mostly simple. The injured eye manifests symptoms of irritation or disturbance, and there is the sign of acute or of chronic inflammation. This development of morbid action may be slight or very apparent, but is always to be discovered; and pain or soreness under touch is always present.

The sympathetic attack usually shows itself early, within a few weeks; but it may appear at any time, so long as the irritation produced by traumatic disease lingers. Mr. Wall of Paddington called me to a patient whose eye was fast failing, without any very apparent cause, the symptoms being impaired vision and spectra. The other eye had been wounded two years previously with a packing needle, the cornea torn across, and sight destroyed. Paroxysms of pain and tenderness in it under touch convinced me that it was producing sympathetic disease. I was correct, and my treatment saved its fellow; it completely restored its functions.

There may be variation in the subjective and objective symptoms of the sympathetic attack. Then there may be no pain, or it may exist with great severity. Intolerance to light is the first common result. Some form or other of impaired sight is the worst bad omen. Loss of local adjustment, incapability of sustaining vision on minute objects, loss of definitions generally called feeble sight, abundance of muscæ, spectra, flashes, stars, coruscations, inflammatory action, loss of pupillary movements, change of iris-colour, softening of the eyeball, and shrinking, are the later manifestations. It would seem, then, that the morbid action travels from the retina forwards; and ultimately the whole of the ocular tissues become involved, atrophy being the termination.

A small lacerated wound of the eye, especially of the anterior part, and which, to all appearance, has involved only the cornea, the iris, and the crystalline lens, may, equally with very great lesion, induce sympathetic disturbance. It is difficult to understand how the smallest quantity of pus, a drop or two just behind the cornea, or a slight change of texture of some of the tissues of the eye, can exert so baneful an effect.

Blows without wounds or breach of sur-

face, burns, and chemical injuries, are capable of producing that kind of action that may excite sympathetic ophthalmitis; and this shows that no importance is to be attributed either to the peculiarity of any kind of wound, or to the tissue which is implicated; and all we can say is, that a variety of existing causes produce morbid changes to which the sympathetic disease is due. I illustrate this by a case published in a paper in the *Medical Times* for October 28th, 1854, by my colleague Mr. R. Taylor, who contributed another communication on the same subject on the 4th of November. A contribution of my own will be found under the date of February 18th of the same year.

A man received a blow on the right eye from a piece of iron, but there was no wound of any kind. The sight was not injured at the moment, but began to fail soon after the accident, and was extinct in a year. About six years after the accident, the eye became inflamed and excessively painful. The pain continued for ten months, totally incapacitating him from work; and so severe, that for several months he scarcely had an hour of uninterrupted sleep. The other eye was excessively intolerant of light. He could not read large print, nor could he fix it on any object for more than a second or two. He was operated on, with complete relief from pain; and the sight of the other eye was restored perfectly in about two months. Mr. Taylor saw him five years after the operation, and the sight continued perfect. The remains of the right eye formed an excellent stump for an artificial eye, but he did not care to have one.

Inflammatory affections producing disorganization of the eye may develop sympathetic disease. I have seen more examples of this induced from staphyloma of the sclerotica, the result of purulent ophthalmia in infancy, than any other cause. I subjoin a case that I noted down in 1857.

An ophthalmic hospital patient, aged 20, had purulent ophthalmia in infancy, and lost one eye. Staphyloma formed, and the growth had been gradually increasing from childhood. About puberty, it was painful, and for the first time the sight of the second eye got a little dim. Soon after this, a blow on the staphyloma produced a sharp attack of inflammation in it, attended with much pain. The dimness of the other eye increased, and redness appeared. From this period there had been a gradual deterioration of vision, with occasional paroxysms of pain and inflammation. When I saw him, there was a very large staphyloma of the sclerotica, and no trace of the cornea, but in place of it a small cicatrix, round which the staphyloma was very vascular, the vessels being disposed in remarkably regular radii. The eyelids could not close over the tumour. There was a purulent discharge. The condition of the failing eye was this. The cornea was rather reduced. The sclerotica was discoloured, and full of varicose vessels; the iris dull and shrunken; and the pupil adherent in several places. There was intolerance to light, and vision was very imperfect, although he could read.

There are not recorded many careful examinations of the morbid materials found in eyes that have set up sympathetic ophthalmitis. I therefore introduce this, which came under my notice in the hospital practice of my colleague Mr. R. Taylor. The details are in the *Transactions* of the Pathological Society of London, vol. vi. p. 302.

The patient was a woman, 70 years of age, whose eye was destroyed by intense inflammation of the anterior chamber, which was completely filled with a solid cake of lymph. The lens was hazy, and its fibres presented the usual appearance seen in cataract at a not very advanced stage. Immediately under the capsule, both anterior and posterior, and imbedded in the superficial lens substance, there was found a layer of peculiar bodies, varying much in form and shape. The predominant form was spheroidal, but many were of the most eccentric shapes. Under the polarizer, several of the larger presented a distinct cross; in the smaller bodies, the cross was faintly marked, or absent. Tested with tincture of iodine, they assumed a deep blue colour, gradually increasing in intensity till they became opaque. In making the examination, every precaution was taken to prevent fallacy.

Cretaceous degeneration of the crystalline lens, and of its capsule, is no uncommon source of the sympathy; and in the numbers of the *Medical Times* above quoted are many examples from my practice. Osseous degeneration of these parts always produces the same effects. With such complete disorganization of one portion of the eye, the rest of the interior is always spoiled, and vision lost. The altered lens and its cover-

ing are generally adherent to the iris. I have traced disturbance to have commenced from its becoming loose. At the end of the lecture I shall further notice these and allied changes of other tissues, any of which may, I suspect, set up irritation.

No general treatment, no local application, no dietary system, is of avail in checking unequivocal sympathetic ophthalmitis. Nothing of the kind can be depended on; and, while I thus speak from my own observation, I indorse the statement of all trustworthy observers. The affection can be stopped or subdued only by surgical treatment. A portion of the eyeball must be removed, whereby the products which have been generated and have set up the irritation, or the cretaceous or ossified tissue which has acted as a foreign body, may be got rid of; or extirpation resorted to. When practised early, it works wonders. If adopted before the sympathetic action has induced palpable structural changes, it will be all effectual. At later stages, it may arrest progress, and stay the destruction. Even when the pupil has become adherent to the capsule of the lens, and the iris dull, I have seen the check. I have taken notes of so many of these cases, that I have ceased to record them.

I proved many years ago (and I think that I revived Mr. Barton's practice, which, so far as I can learn, had never been generally carried out in London by any one) that removing a portion of the eyeball will generally suffice, as it is frequently in the anterior of the eye that the centre of the morbid action is seated. The intensity of it is more common near the point of injury, and this is mostly in the front of the organ. I have over and over found the vitreous humour healthy; this portion of the eye, therefore, not being spoiled. With the reduction of the eyeball only, the deformity is very much less, and the case is better fitted for an artificial eye; and, in the early years of life, the destined growth of the orbit is less interfered with. When the entire eyeball is disorganized, the posterior as well as the anterior, especially when there is staphyloma sclerotic, or general enlargement, extirpation is the course to be adopted.

I perform the lesser operation, that of reducing the eye—"abscission"—in this way. The eyelids being retracted, I transfix the cornea, or the staphyloma cornea, as it may be, with a cataract needle, or the curette; and cut it off close to the sclerotica with a small scalpel, gently and rapidly. When I think it requisite, I make the amputation a little behind the cornea; and then the iris, or whatever remains of it, is excised. Should the lens be present, whether opaque or not, I remove it. If I find the vitreous humour healthy, I try to prevent its escape by gentle manipulation and rapid closure of the eyelids; and sometimes none of it is lost. What should follow is very important. There is no more necessary step in the whole proceeding, and without it there may be copious bleeding and suppuration in the stump. I place a roll of cotton wool, or what is next best, a pledget of lint, quickly on the closed eyelid; maintain it with a bandage, and keep it there for two or three days; and afterwards apply straps of plaster. Healing is effected by the cicatrizing of the cut surface, and its rapidity depends on the healthiness of the vitreous humour. It is not unusual to find the parts sealed up in a week.

The more the eye is diseased, the quicker and the more copious is the bleeding. It is this tendency to hemorrhage that has induced some surgeons to speak disparagingly of the procedure; but if it be adapted to the proper cases, I am sure that patients will be the gainers, greater benefits will be conferred—the object and end of all surgery. When the bleeding is from the vessels in front of the eye that have been cut through in the operation, it can easily be restrained, and is never of any consequence. When it is internal, it may for the most part be stopped by the compress. I have long been convinced that the source of this internal or intraocular hemorrhage is not the central artery of the retina, as generally supposed, but the choroid; and my opinion has been publicly stated for years. More extended observation has strengthened my views. There is always a previous escape of the unhealthy vitreous humour, and the removal of pressure or support from the diseased choroidal vessels causes rupture of them. I have seen the whole of the vitreous humour thrust out by clots, the retina hanging in shreds in the wound.

Perhaps in some cases, by the removal of the front of the eye, so much support is taken from the diseased choroid, that the bleeding forces out the vitreous humour.

Much internal hemorrhage ends in total collapse of the eye, and necessarily the process of recovery is retarded.

"Extirpation" of the eyeball within the ocular sheath is what would be called a more brilliant proceeding than "abscission;" and there can be no doubt that, although the operation, so far as the practical surgery is concerned, is more prolonged and severe, the recovery may be more rapid. and the general effect perhaps less. Yet I am quite sure that, if the patient's ultimate welfare be considered, its adoption should be the rare exception. Even a button of collapsed tissues is far better than not any, and a slightly reduced eyeball is vastly superior to an empty orbit; and I think it better that these should be secured, if it be even at the expense of longer time. But will the "abscission" confer advantages equally lasting with "extirpation?" is a question likely to arise in the mind of the practical man. Answering from my own experience, I say, Yes. In no case in which I have selected it as the proper operation have I been disappointed. Were I to write pages, I could not express more. I will just mention here, in connection with hemorrhage, that I have seen smart bleeding from the ophthalmic artery after "extirpation," requiring firm compress to stop it.

"Sympathetic ophthalmitis" might be spread out to a great length, and extensive details given; but I think that I have said enough to guide the student, and to develop inquiry. There are yet many points about which I am seeking information, among which I am searching after the conditions that the ophthalmoscope may reveal to us in the early stages of it.—*British Med. Journ.*, Oct. 20th, 1860.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Surgeon General U. S. Army.—Dr. CLERMONT A. FINLEY has been appointed Surgeon General of the U. S. Army in place of the late Dr. Lawson.

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Medical Service United States Army.—The Board of Medical Examiners of the Army, lately in session in the city of New York, reported the following appointments, which have been approved by the War Department: Wm. A. Hammond, Pa.; J. P. Wright, Pa.; H. M. Sprague, Conn.; Chas. C. Gray, N. Y.; Wm. C. Spencer, N. Y.; F. L. Town, N. H.; Alex. Ingram, Ohio; Peter V. Schenck, N. J.; J. W. S. Gouley, La.; Dallas Bache, D. C.; B. E. Fryer, Pa.; John H. Frantz, Pa.; Webster Lindsly, D. C.; C. E. Goddard, N. Y.; H. R. Silliman, Pa.; P. C. Davis, Va; Jos. S. Smith, Va.; C. J. Wilson, D. C.; Jas. F. Weeds, Ohio; Chas. B. White, N. Y.; G. M. Sternberg, N. Y.

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Pennsylvania Hospital.—The annual report of this Institution shows that there remained in the hospital at last report 160 patients, and that there were admitted during the year, 1842, of whom 1303 were recent accidents and other surgical cases, and 699 were medical cases, making a total under treatment during the year of 2002. Of these 697 were pay and 1305 poor patients.

We would call attention to the following extract from the report:—

"Mainly dependent for support on the income derived from investments of the legacies and bequests, which from time to time have been received from various benevolent individuals, it has been the aim of the managers to extend to the utmost the benefits of the institution, and though we occasionally receive evidence that the Pennsylvania Hospital still holds a place in the minds of our fellow-citizens, yet the increase of its capital has not been in proportion to the multiplied calls upon it for aid, following upon the increase of the population of our city, and we regret that, though doing to the extent of our means, we cannot, without exceeding our income, admit all applicants to the benefits of the Hospital.

"At the present time, when our country is threatened with the terrible scourge, war, it behooves us to endeavour to be prepared by every means in our power, to relieve those who may be sufferers from the inseparable ills which must follow in its train, and that not one applicant should be allowed to leave our gate while there is room to accommodate, because the funds adequate to relieve are wanted.

"A sum of five hundred dollars has been placed in the hands of one of the managers, to assist in the relief and support in our institution of such cases, should the necessity be upon us."

Children's Hospital of Philadelphia.—The number of cases admitted into the house during 1860, as shown in the annual report, was 120, making with 13 remaining at date of previous report a total of 133 cases treated during the year. The number of out-patients was 1418. The managers have obtained subscriptions to the amount of 4350 dollars towards a fund for the purchase of a lot and for erecting a suitable building, and the necessity of early securing the balance needed for that purpose is strongly urged in the report.

Massachusetts General Hospital—It appears from the annual report for 1860, that the whole number of patients admitted during the year was 1240, of whom 997 were free. The whole number treated was 1394, of whom 136 remain under treatment, 15 of which are paying patients.

Bellevue Hospital Medical College—The organization of this college is announced with a corps of thirteen professors. The faculty consist of ISAAC E. TAYLOR, M. D., *President;* BENJ. W. MCCREEDY, M. D., *Secretary;* R. O. DOREMUS, M. D., *Treasurer;* James R. Wood, M. D., Professor of Operative Surgery and Surgical Pathology; Frank H. Hamilton, M. D., Professor of Military Surgery, Fractures, and Dislocations; Lewis A. Sayre, M. D, Professor of Orthopedic Surgery; Alexander B. Mott, M. D., Professor of Surgical Anatomy; Stephen Smith, M. D., Professor of the Principles of Surgery; Isaac E. Taylor, M. D., George T. Elliott, M. D., B. Fordyce Barker, M. D., Professors of Obstetrics and the Diseases of Women and Children; Benjamin W. McCreedy, M. D., Professor of Materia Medica and Therapeutics; Tim. Childs, M. D., Professor of Descriptive Anatomy; Austin Flint, M. D., Professor of the Principles and Practice of Medicine; R. Ogden Doremus, M. D, Professor of Chemistry and Toxicology; Austin Flint, Jr., M. D., Professor of Physiology and Microscopic Anatomy; Charles D. Phelps, M. D., Demonstrator of Anatomy; N. R. Mosely, M. D., Prosector to Chair of Surgical Anatomy; Sylvester Teats, M. D., Prosector to Chair of Operative Surgery and Surgical Pathology.

There will be a preliminary term commencing on the 18th Sept. 1861, and the regular term will commence on Wednesday, Oct. 16, 1861, and end early in March following.

OBITUARY RECORD.—Died, on the 15th May, at Norfolk, Va., of apoplexy, aged 75 years, Brevet Brigadier General THOMAS LAWSON, M. D., Surgeon General United States Army.

——— in New York, May 13th, of cardiac disease, DAVID MEREDITH REESE, M. D., aged 60 years.

FOREIGN INTELLIGENCE.

Failure of Atropine Injections in Tetanus.—M. CHAPET, physician to the Hôtel Dieu of Lyons, has published in the *Medical Gazette* of that city the case of a boy six years old, who had an attack of tetanus in consequence of a wound at the back of the head. Two grains of atropine were dissolved in seventy-five grains of water, and with this solution a compress was moistened and placed in the wound. This dressing was changed every half hour. Chloroform was now inhaled, and anæsthesia twice produced. Injections into the cellular tissue were then tried, consisting of two grains of atropine to two drachms and a half of water. In the meanwhile the patient had an alkaline bath, and frictions with mercurial ointment over the abdomen. Atropine was also incorporated with axunge (two grains to two drachms and a half), the ointment to be placed on the wound, and an enema with one drop of croton oil likewise given. Six drops of the above-mentioned solution of atropine were injected, which brought on a complete resolution of the tetanic spasms; but the patient turned pale and livid, comatose, and had hardly any pulse. In five or six minutes the child opened his eyes and asked for drink, but the muscular rigidity soon reappeared. At ten o'clock severe convulsions came on, and a new injection was practised to about five drops. After a few minutes the patient was turned in bed, the rigidity was the same, and the heart had ceased to beat.—*Lancet*, June 8, 1861.

Syphiliphobia, in M. Diday's opinion, is one of the most common and important of nervous diseases. It constitutes, or complicates, one-fourth of the cases that come

under his notice. Moreover, it is the fear of syphilis, and not syphilis itself, which impels many persons to commit suicide. M. Diday divides cases of syphiliphobia into two great classes. In the one, the patient has a dread of syphilis without any cause, not being affected with the disease; in the other, the patient has syphilis, and the syphiliphobia is symptomatic.

In the treatment of the former class, M. Diday recommends that, after listening to the patient's whole story, we should frankly tell him our mind, and endeavour to disabuse him of his false notions. At the same time, we must enjoin a good diet, an active life, and everything calculated to divert the mind from brooding over the imaginary disease. If these measures fail, an antisyphilitic remedy may be prescribed; and the fact of its producing no benefit at the end of a fixed time may be used as an argument against the patient's having syphilis.

When the patient has really had syphilis, and exhibits an inordinate dread of its effects, everything should be done to quiet his apprehensions. He may be assured that syphilis never proves fatal; that, when properly treated, it may be cured completely, causes no apparent deformities, and does not render it necessary for the patient to give up his ordinary avocations; and that it may be possible for him to marry, without any bad effects ensuing either to his wife or family. We must refer the reader to the original memoir, for much valuable advice for our guidance in the treatment of these difficult cases.—*Brit. Med. Journ.*, March 16, from *Gaz. Méd. de Lyon*, 16th Jan. and 15th Feb., 1861.

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Prevention of Vomiting following Inhalation of Chloroform.—This, Dr. FISCHER says (*Allgemeine Zeitung*), may be effected by making the patient take a glass of wine before the inhalation.

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Pus-Cells in the Atmosphere.—The following discovery, which of course will require careful examination, is published in the *Cosmos:* In the Orphan Asylum, near Prague, an epidemic of purulent ophthalmia lately broke out, and 92 children out of 200 were attacked. Great care was taken to avoid the contact of the matter, but the medical attendants and nurses nevertheless took the disease. M. Eiselt thereupon proceeded to examine the air with Pouchet's aëroscope improved by Purkinje, and in the atmosphere of a ward where lay a great many of the children, a large number of pus-cells were found. In fact, the cells were noticed upon the instrument immediately the air was made to pass through the apparatus. A committee has been appointed by the Medical Society of Vienna to investigate the facts published by M. Eiselt.—*Lancet*, May 18, 1861.

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Benefits resulting from Sanitary Science.—No better proof could be offered of the vast importance of modern sanitary science than the condition of Liverpool during the foregone year. Before the passing of what is known as the "Sanitary Act," the yearly mortality of Liverpool was notoriously and invariably higher than that of any other town in the kingdom. Since the Act came into operation there, the annual mortality has upon four occasions been successively lower than in any previous year, i.e., in the years 1850, 1856, 1859, and 1860, when the death-rate was respectively 27.5, 27.3, 26 0, and 24.2 per 1000. During the ten years which preceded the passing of the Bill, the mean death-rate was about 32·5. The mortality of 1859 was the lowest upon record up to that time; but it will be found, upon referring to the Health Officer's recent able Report,[1] that last year, with a population numbering about 10,000 more, the deaths were nearly 600 fewer than in the former period. Thus last year alone there was a saving of not less than 3800 lives. Only in 1850, when the population was less by at least 90,000, were the deaths fewer in number. If it be objected that it is unfair to draw the above inference from the mortality of so limited a period, we may reply that if a wider basis of facts be taken, and the last *five* years, 1856-60, be compared with the previous five years, 1851-55, we shall still find the same favourable result, the saving of life during the latter period amounting to about 1100 annually, after striking out the cholera deaths of 1854. Looking at these results, then, and recalling to mind what was the condition of Liverpool previously, we may with justice reiterate the statement of Dr. DUNCAN, that the authorities and ratepayers may congratulate them-

[1] Report of the Health of Liverpool during the year 1860. By W. H. Duncan, M.D., Medical Officer of Health for the Borough, late Physician to the Royal Infirmary, &c., Liverpool, 1861.

selves that their expenditure for sanitary purposes since 1847—large as it has been—has produced results commensurate with the sacrifices which they had incurred.—*Lancet*, May 4, 1861.

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Diseased Meat.—The Police Reports in the newspapers contain almost daily accounts of the seizure of diseased meat in various parts of the metropolis; and yet the practice appears to be on the increase, and, as we have been informed by persons specially qualified to give an opinion, the quantity seized gives but a very inadequate idea of the quantity that eludes detection and is sold to the labouring classes. * * * All over the country cattle are dying from the effects of inclement weather and insufficient food, and wherever the carrion can be sold for human food, the temptation is too great for the bucolic conscience to resist. The elaborate report of Dr. Headlam Greenhow throws doubt on the noxious quality of the flesh of animals dying of disease, but it is evident from the testimony of skilled witnesses that the diseases of which cattle are now dying produce not merely emaciation, converting sheep into "lanterns" (so called in the technical language of the markets, because a lighted candle would shine through their transparent intercostal spaces), but a positive sourness and unwholesome quality. Our informant, visiting a very clean slaughter-house, where there was abundance of good meat, noticed a peculiar dissecting-room smell, which proceeded from a tub filled with pork in a disgusting state, and partly black with ecchymosis. This was seized, and some healthy looking pork, macerated in the same tub of water, was seized likewise, because impregnated with the putrid water, although the butcher remonstrated loudly. In the same district some veal was seized which was but a day or two old, and some mutton from a sheep which had been crushed to death in a railway-van. The femur was smashed and the meat black with extravasated blood. Some Welsh legs, dressed as lamb, with a little wool fastened round above the hoofs, were not seized, but left, in order that the honest ingenuity of the butcher in manufacturing "lamb" might meet with its reward from a discerning public. The practical questions that arise are these: First, the necessity of stricter supervision at railway termini and steam packet wharves (we are told that fifty cattle in a state of disease were landed lately at Blackwall and slaughtered there for the London market); next, a more full and efficient superintendence of the great central markets; and a frequent visitation of local slaughter-houses and low butchers' shops by parochial sanitary inspectors; and, lastly, something like reasonable security that condemned meat shall be so destroyed as not to enter in any way into the composition of human food. At present, it is next to certain that some which is boiled down is made to contribute a grease which is used in the manufacture of butter; a little of it, too, is added to chicory in roasting, in order to give this counterfeit a richness and tone, both to touch and taste, and to contribute that oily sensation which coffee yields and chicory does not.—*Med. Times and Gaz.*, April 13th, 1861.

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Poisonous Soaps and Perfumery.—M. Reveil, the chemist, has drawn the attention of the authorities of France to the necessity of preventing perfumers and hairdressers from selling poisonous articles, whether under the denomination of dyes, soaps, cosmetics, or toilet-washes; and of forbidding any tradesman, unprovided with a regular license, from dealing in such dangerous preparations. M. Reveil remarks that when it is considered that the compounds he refers to contain, many of them, arsenic, acid nitrate of mercury, tartar emetic, cantharides, caustic potash, and like poisonous drugs, in considerable quantities, the urgent need for some interference will be readily understood. He further states that such is the bad faith of the manufacturer in these particular questions, that whilst articles are announced as being composed of some well-known and innocuous ingredients, on chemical analysis they are not unfrequently found to contain most deleterious substances, and not one atom of the alleged principal component. The kind of soap, for example, known as "lettuce-soap," and sold, by the way, as *acknowledged* by the Academy, does not contain a trace of lettuce. This, and several other soaps, are coloured green by means of the sesquioxide or chromium, or of a rose colour by the bisulphuret of mercury. Some, again, which are cheaper, contain thirty per cent. of insoluble matter, such as lime and plaster, while others contain animal matter, which, having

escaped the process of saponification, emits an offensive smell when its solution is left exposed to the air for any time. The preparations employed for hair dyeing, under the euphonious titles of "Florida water," "African water," &c., all contain nitrate of silver, sulphur, oxide and acetate of lead, sulphate of copper, and other noxious substances. All the cosmetics, called "Depilatories," and used for removing hairs, as well as those for clearing the complexion of freckles, are poisonous; and one, the "Lait antéphélique," owes its efficacy to the presence of corrosive sublimate and oxide of lead. Were, indeed, a chemist to deliver such a remedy to a customer without a regular prescription, he would be liable to a fine of 6000 francs. The toilet-vinegars, also, so generally used by ladies, are, M. Reveil believes, injurious to the skin, and especially when employed in conjunction with soap. In this case, a decomposition ensues, and the fatty acids of the soap, which are insoluble in water, remain in contact with the cuticle, and may act as an irritant. At the conclusion of his memoir, the author expressed his regret—a feeling which will, I believe, be very generally re-echoed—that certain of our confraternity should so entirely forget their own dignity as to lend the support of their names to such noxious inventions.—*Lancet*, June 8, 1861.

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Allopathy and Homœopathy.—The following very sensible remarks in the *Moniteur des Sciences, etc.*, on the absurdity of the term allopathy, as well as that of homœopathy, are worthy the attention of all who make use of them:—

"The terms homœopathy and allopathy are absurd, etymologically and rationally. I deny the existence, in a scientific sense, of both homœopathy and allopathy. The distinction reminds me of that made by a candidate for honours, who divided mankind into the human and the inhuman. Those who call themselves homœopaths, or who speak of homœopathy, know not what they say, or rather only understand it as being a means of obtaining practice. To give up the term of homœopath is an act of sense. The epithet is, in fact, a party sign, and in medicine, if we tolerate errors, we are not fond of banners. When the party colours are removed, then we find ourselves face to face with the so-called law of *similia similibus*, and of infinitesimal doses—in fact, with an old tradition. For these questions have both been judged ages ago; the first, under the names of enantiosis and hypenantiosis (and on this point references may be made to the translation of Hippocrates by M. Littré, vol. iv. p. 420); and the last, carried to extremes, that is, in its actual sense of infinitesimal, is *à priori* manifestly absurd; but, in a restricted sense, has been frequently studied in materia medica. I prefer, as a mental phenomenon, a belief in spirit-rapping to a belief in homœopathy; for the spirit-doctrine is clear, it has existed at all times, we can follow its origin and phases, and may admit it without being taxed with ignorance or bad faith; but homœopathy is a thing without existence. There are homœopaths, but not homœopathy."

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Military Hospitals in Paris.—Some time since there were only two military hospitals in Paris—the Val de Grâce and the Gros Caillou. For the benefit of the troops a third was constructed at Vincennes, near the wood, where the patients breathe purer air; and the sanitary results are described as being more satisfactory; indeed, M. Bondin, the distinguished military physician, said, at a meeting of the Statistical Congress, held in London last year, that the only epidemic which ever reigned there was an epidemic of health.—*Lancet*, June 8, 1861.

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Amalgamation of the London Medical Societies.—Some time past a strenuous effort has been making in London to unite the several medical societies of the metropolis, and at a special meeting of the Royal Medical and Chirurgical Society held on the 5th of April, it was decided, "That it would tend to the advancement of medical science were the Royal Medical and Chirurgical, the Pathological, the Epidemological, and Obstetric Societies united under one head, and the different branches of medical science carried out in corresponding sections of one society"

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Obituary Record.—Died suddenly in Dublin, Wm. Henry Porter, Professor of Surgery in the College of Surgeons and one of the Surgeons of the Meath Hospital, one of the most respected and eminent surgeons of the Irish capital.